

03-14-05

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CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. ER540909668US, in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, on the date below:	
March 11, 2005 Date	<i>Linda A. Bourg</i> Linda A. Bourg

PATENT CLFR:190US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:
Lee et al.

Serial No.: 09/714,692

Filed: November 16, 2000

For: METHOD OF INHIBITING
ANGIOGENESIS BY ADMINISTRATION
OF A CORTICOTROPIN RELEASING
FACTOR RECEPTOR 2 AGONIST

Group Art Unit: 1647

Examiner: Bunner, B.

Atty. Dkt. No.: CLFR:190US

REQUEST FOR ORAL HEARING

MS Appeal Briefs-Patents
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Commissioner:

In accordance with 37 C.F.R. § 1.194, patent owners/Appellants respectfully request an oral hearing be granted in connection with the referenced appeal. Please charge the fee of \$500 in accordance with 37 C.F.R. § 1.17(g) to the Deposit Account of Fulbright & Jaworski L.L.P., Account No. 06-2375. If this amount is insufficient, the Commissioner is authorized to deduct any other required fees for any reason relating to this document under 37 C.F.R. §§ 1.16 to 1.21

03/15/2005 HALI11 00000052 062375 09714692
01 FC:2403 500.00 DA

from Fulbright & Jaworski L.L.P. Account No. 06-2375, under Order No. CLFR:190 US.

Dated: March 11, 2005

Respectfully submitted,

By 

Jila Bakker, Reg. No. 53,962

Patent Agent

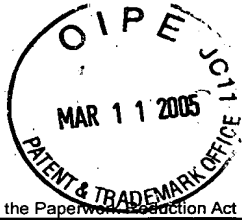
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known	
		Application Number	09/714,692
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	November 16, 2000
		First Named Inventor	Lee et al.
		Examiner Name	B. Bunner
		Art Unit	1647
TOTAL AMOUNT OF PAYMENT		(\$)	500.00
		Attorney Docket No.	AH-CLFR:190US

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 06-2375
Deposit Account Name: Fulbright & Jaworski L.L.P.	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description						Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
- 20 =		x	=		Fee (\$)	Fee Paid (\$)	
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 =		x	=				
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof			Fee (\$)	Fee Paid (\$)	
- 100 =	/50	(round up to a whole number) x			=		
4. OTHER FEE(S)							Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): Request for Oral Hearing Fee							500.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	53,962
Name (Print/Type)	Jila Bakker	Telephone	(713) 651-5698
		Date	March 11, 2005

Fee Transmittal	
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Dated: March 11, 2005	Signature: (Linda A. Bourg)